

RECEIVED
CENTRAL FAX CENTERHERSHKOVITZ & ASSOCIATES
PATENT AGENCY
1725 I STREET, NW
SUITE 300
WASHINGTON, DC 20006

NOV 29 2005

TEL: (703) 323-9330
FAX: (703) 323-6617
E-MAIL: Hershkovitz_Patents@Verizon.net

Date: November 29, 2005

File In: OIPE

In the matter of : **COMPENSATION CONTRACT SUPPORT SYSTEM, METHOD FOR
SUPPORTING COMPENSATION CONTRACT, AND PROGRAM THEREOF**Applicant: **Katsunobu HAYASHI**Application No.: **09/683,829**Filed: **February 20, 2002**Docket No.: **P13205**

Issued: _____

Patent No.: _____

The Patent and Trademark Office (PTO) date stamp hereon is an acknowledgement that, on the date indicated, the PTO received the following:

- | | |
|---|--|
| <input type="checkbox"/> Amendment _____ | <input type="checkbox"/> Claim of Priority |
| <input type="checkbox"/> Executed Assignment and Cover Letter | <input type="checkbox"/> Certified Copy of |
| <input type="checkbox"/> SES Assertion | <input type="checkbox"/> Declaration <input type="checkbox"/> Supplemental |
| <input type="checkbox"/> Request for Extension of Time | <input type="checkbox"/> Executed <input type="checkbox"/> Unexecuted |
| <input type="checkbox"/> Fee Filing | <input checked="" type="checkbox"/> Transmittal Letter |
| <input type="checkbox"/> Recording | <input type="checkbox"/> Patent Application |
| <input type="checkbox"/> Issue | <input type="checkbox"/> Provisional <input type="checkbox"/> Reexam |
| <input type="checkbox"/> Extension | <input type="checkbox"/> Reissue <input type="checkbox"/> Design |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Continuation <input type="checkbox"/> CIP |
| <input type="checkbox"/> Fee Transmittal Form | _____ pages |
| <input type="checkbox"/> Maintenance Fee Payment | _____ claims _____ independent |
| <input type="checkbox"/> PTOL-85B Issue Fee | _____ sheets of drawings |
| <input type="checkbox"/> Letter to Draftsman | _____ figures |
| <input type="checkbox"/> Design Application Transmittal Form | <input type="checkbox"/> IDS and form PTO-1449 |
| <input type="checkbox"/> Utility Application Transmittal Form | <input type="checkbox"/> References <input type="checkbox"/> as attached |
| <input type="checkbox"/> Provisional Application Cover Sheet | <input type="checkbox"/> as listed on reverse |
| <input type="checkbox"/> CPA Request Transmittal Form | <input type="checkbox"/> Certification under 1.97(e) |
| <input type="checkbox"/> RCE Transmittal Form including Submission | <input type="checkbox"/> Self-addressed post card |
| <input type="checkbox"/> Cover Letter | <input type="checkbox"/> Certificate of Mailing (C-O-M) |
| <input type="checkbox"/> Check No. _____ for _____ | <input checked="" type="checkbox"/> Power of Attorney and change of |
| <input type="checkbox"/> Rule 53b and 53f Letter for Unexecuted Appl. | correspondence address |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

HERSHKOVITZ & ASSOCIATES
1725 I STREET N.W.
SUITE 300
WASHINGTON, DC 20006
703-323-9330

RECEIVED
CENTRAL FAX CENTER

NOV 29 2005

In re application of : Katsunobu HAYASHI Docket No.: P13205
Application No. : 09/683,829 Patent No.:
Filed : February 20, 2002 Issued:
For : COMPENSATION CONTRACT SUPPORT SYSTEM, METHOD FOR
SUPPORTING COMPENSATION CONTRACT, AND PROGRAM THEREOF

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a **Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address** in the above-captioned application.

The fee has been calculated as shown below:

Claims After Amendment	No. of Claims Previously Paid	Present Extra	Small Entity		Large Entity	
			Rate	Fee	Rate	Fee
*Total Claims:			x 25=	\$	x 50=	\$
**Indep. Claims:			x 100=	\$	x 200=	\$
Multiple Dependent Claims Presented			+180=	\$	+360=	\$
Extension Fees for Month				\$		\$
				\$	500	\$
Total:				\$	Total:	\$

* If less than 20, write 20

**If less than 3, write 3

___ Please charge my Deposit Account No. 50-2929 in the amount of \$ _.

___ A Check in the amount of \$ ___ to cover the necessary fee is included.

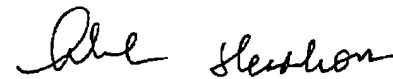
☒ The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2929:

___ Any additional filing fees required under 37 C.F.R. 1.16.

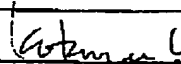
___ Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).

November 29, 2005

Date



Abraham Herskovitz
Reg. No. 45,294

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/683,829		
	Filing Date	02-20-2002		
	First Named Inventor	Katsunobu HAYASHI		
	Art Unit	3624		
	Examiner's Name	Ella Colbert		
	Attorney Docket No.	P13205		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <u>000040401</u>				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:				
CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: <u>000040401</u> OR Correspondence address below				
Name				
Address				
City		State	Zip Code	
Country	Telephone	703-323-9330	Fax	703-323-6617
I am the:				
<input checked="" type="checkbox"/> Applicant/Inventor				
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed.				
Signature of Applicant or Assignee of Record				
Name	Katsunobu HAYASHI			
Signature				
Date	Nov / 9 / 2005		Telephone	+81-3-3297-6703